



# CITY OF GLOUCESTER

GLOUCESTER • MASSACHUSETTS 01930

HEALTH DEPARTMENT

22 POPLAR STREET

PHONE: 978-281-9771 • FAX: 978-281-9729

EMAIL: [healthdept@ci.gloucester.ma.us](mailto:healthdept@ci.gloucester.ma.us)

## APPLICATION FOR LICENSE OF:

(Please Check One):

HOTEL \_\_\_\_\_ MOTEL \_\_\_\_\_

**Please fill out application and remit with check for \$120.00 made payable to City of Gloucester**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Please Circle One: Seasonal / All Year      Number of Rooms: \_\_\_\_\_

Number of Approved Sites (if camp): \_\_\_\_\_

Describe Food Service: \_\_\_\_\_

Trash Dumpster (Please Circle One): Yes / No      Trash Contractor: \_\_\_\_\_

Type of Water Supply: \_\_\_\_\_ Means of Sewage Disposal \_\_\_\_\_

Please Circle Answer: **Swimming Pool:** Yes / No      **Hot Tub:** Yes / No      **Sauna:** Yes / No

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	DATE	INSPECTOR	FINDINGS
<b>Building Dept.</b>			
<b>Fire Dept.</b>			
<b>Health Dept.</b>			

**PLEASE SEND TO HEALTH DEPT. WHEN COMPLETED**